

Name In Full

Certificate of Death

Cliza Armistead Ashton

Town

County

MARYLAND

Died at

Wasside Charles

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 12

Nov. 9

Age 00

md. Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Ashton

~~Wife~~

Father's

Name

John M. Ludd

Mother's

Maiden Name

Sarah Ashton

Cause of

Primary

Cancer

45

How long sick

Death

Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

W. A. Clark - Undertaker

Address

Newbern Chas. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 370008



Name In Full

Certificate of Death

Rena Bond

Died at *Popo Creek* Town *Charles* County *MARYLAND*

Date 1902 *11* Month *21* Day Age *15* Y. M. D. Native of Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widowed Number of children living

Husband of

Wife

Father's Name

Thomas Bond

Mother's Maiden Name

Maggie Murry

Cause of Death { Primary *Gangrene Thighs* *from (T. phlegm. T.)* How long sick *9 weeks*
 Immediate *Septicemia* Accident, Suicide, Homicide

Reported by

E. Spencer

Address

Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ind

LIBRARY BUREAU, 70005



Name
in
Full

Not named

CERTIFICATE OF DEATH

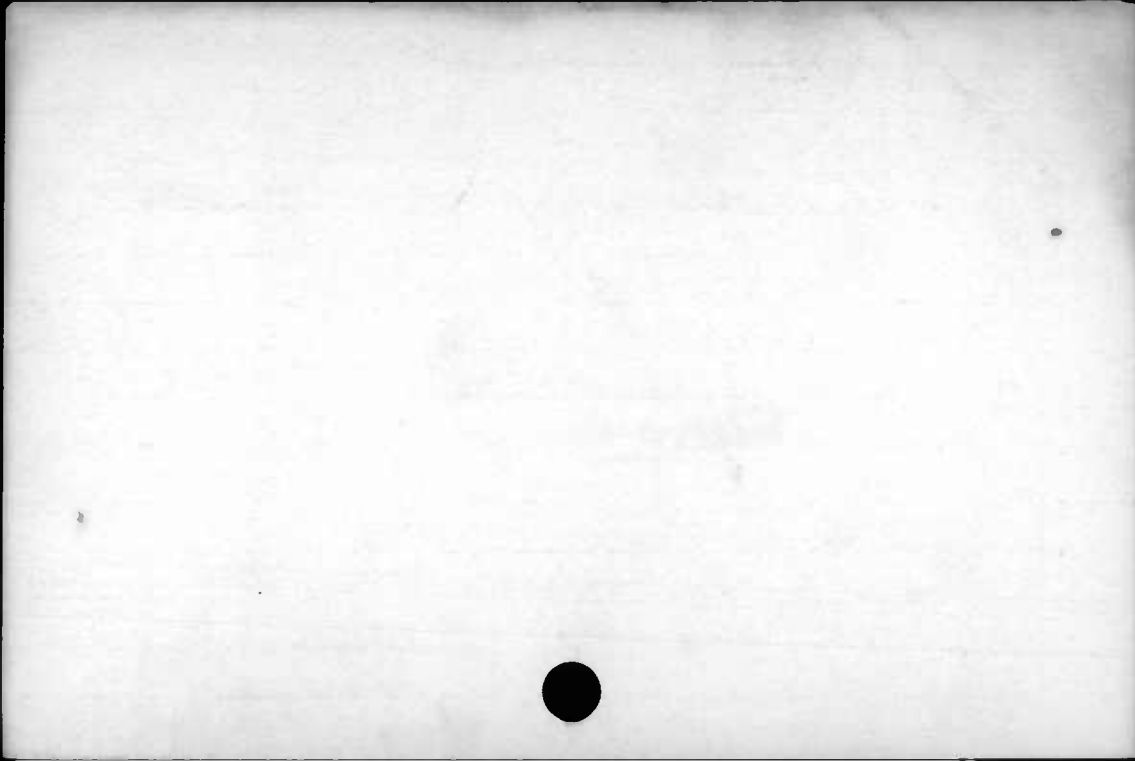
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pommonkey</i>		County <i>Chas</i>		MARYLAND	
Date of death 190	2	Month	<i>Nov</i>	Day	<i>14</i>	Age	Years <i>—</i> Months <i>3</i> Days <i>—</i>
Sex	<i>girl</i>		Color or Race	<i>colored</i>		Birth-place	<i>Ind</i>
Married, Single or Widowed	<i>single</i>		Occupation <i>—</i>				
Name of Wife or Husband				<i>Sallie Jarkester</i>			
Father's Name				<i>Albert Easton</i>		Father's Birthplace	<i>Ind</i>
Mother's Maiden Name				<i>Sallie Jarkester</i>		Mother's Birthplace	<i>Ind</i>
Name of person giving information				<i>Albert Easton</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>—</i>		How long	<i>—</i>
Immediate	<i>151</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>How</i>		
<i>Yes</i>		Address <i>Albert Easton</i>		
Accident or Suicide? <i>281</i>		<i>Pommonkey Ind</i>		



me
in
Full

Thos. Price Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

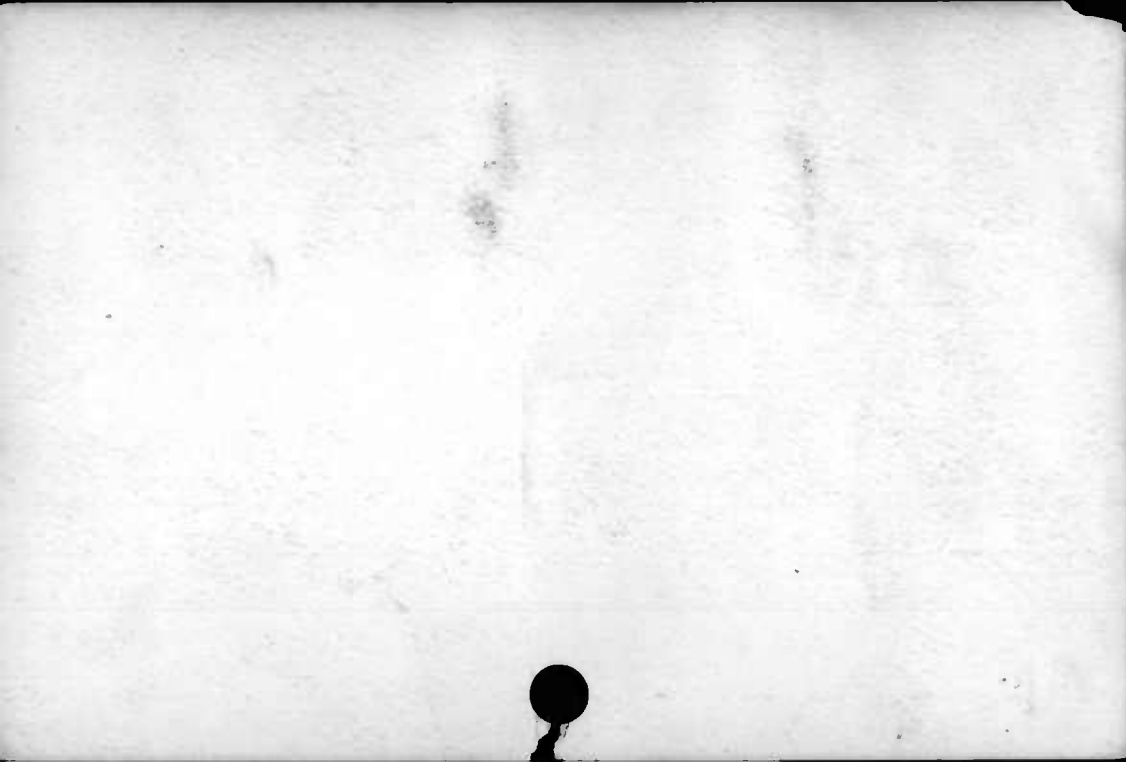
MARYLAND

Died at <u>near Grayton</u> ^{Town}		<u>Charles</u> ^{County}			
Date of death 190 <u>2</u> ^{Month} <u>Nov</u> ^{Day} <u>24</u> th	Age <u>75</u> ^{Years}	Months <u>—</u>		Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chas Co Md</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife <u>Husband</u>					
Father's Name <u>Alexander Gray</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Elizabeth Price</u>			Mother's Birthplace <u>Md</u>		
Name of person giving Information <u>Mrs Gray</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>supposed</u> <u>Heart disease</u> <u>79</u>	How long <u>—</u>
Immediate <u>sudden heart failure</u>	How long <u>died immediately after packing</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. H. Speare</u> <u>Md</u>
	Address <u>Grayton</u>
Accident or Suicide?	<u>did not see him until after death</u>



Name
in
Full

Griss. Hawkins

CERTIFICATE OF DEATH

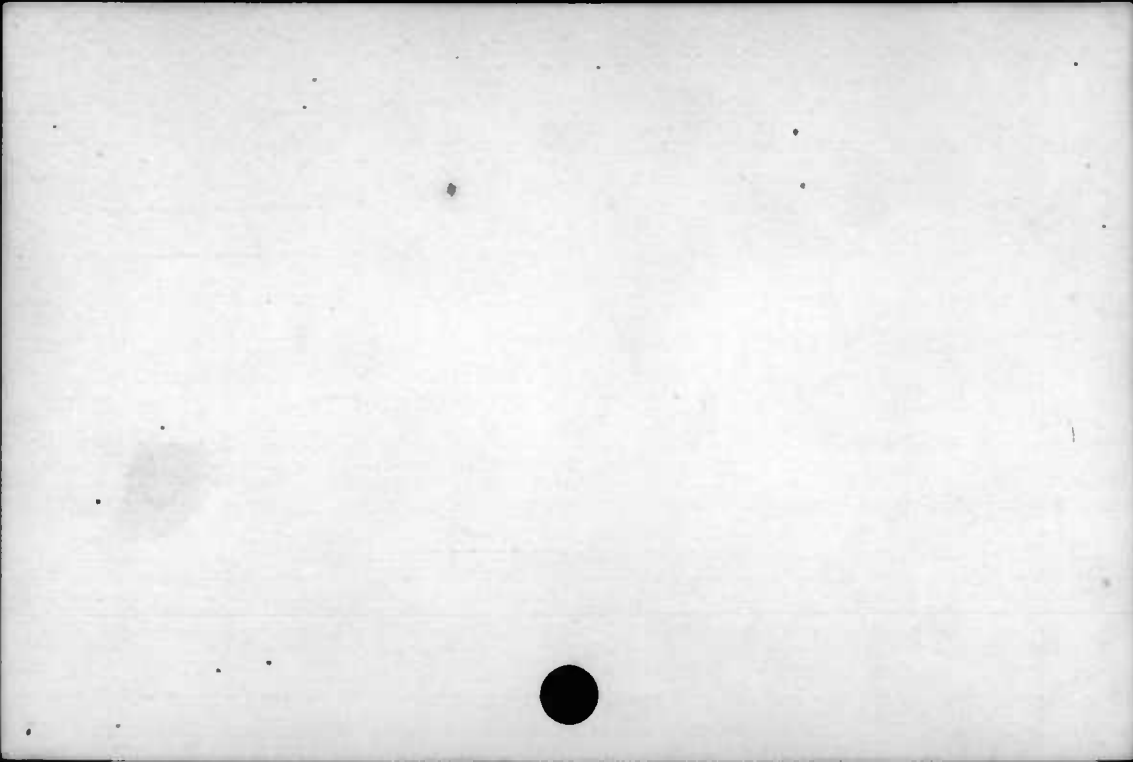
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death 1902	<i>Nov.</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>4</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Dennis Hawkins</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Annie Hawkins</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Douglas Hawkins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Mitchell</i>	
<i>— Yes —</i>		Address <i>Pine country Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

James E. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brentland</u> Town		<u>Chas</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>11</u>	Day <u>7</u>	Age <u>—</u> Years	Months <u>10</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Brentland Md</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Orlanda Lee</u>			Father's Birthplace <u>Chesapeake Md</u>		
Mother's Maiden Name <u>Mamie Jacks</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Orlanda Lee</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Violent Cold</u>	How long <u>179</u>	How long <u>Month</u>
Immediate <u>cramps</u>	How long <u>179</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>none in attendance</u>	
	Address <u>—</u>	
Accident or Suicide? <u>neither</u>		

Reported by
Wm. F. Browne

Name in Full

Certificate of Death

Maria Mahoney

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

9

Age

30

—

—

md.

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Fred Mahoney

Lousia Barnes

Cause of

Primary

Consumption

How long sick

12 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W. R. Clark

undertaker

Address

Newbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name
in
Full

William Pickeral


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wicomico</i> ^{Town}		<i>Chesapeake</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov</i> ^{Month}	<i>14</i> ^{Day}	Age <i>70</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>Mary E. Pickeral</i>					
Father's Name <i>—</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Edward Pickeral</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>let</i>	How long <i>one day</i>
Immediate <i>—</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Parnes</i>	Address <i>Waldorf Md</i>
<i>J</i>		
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

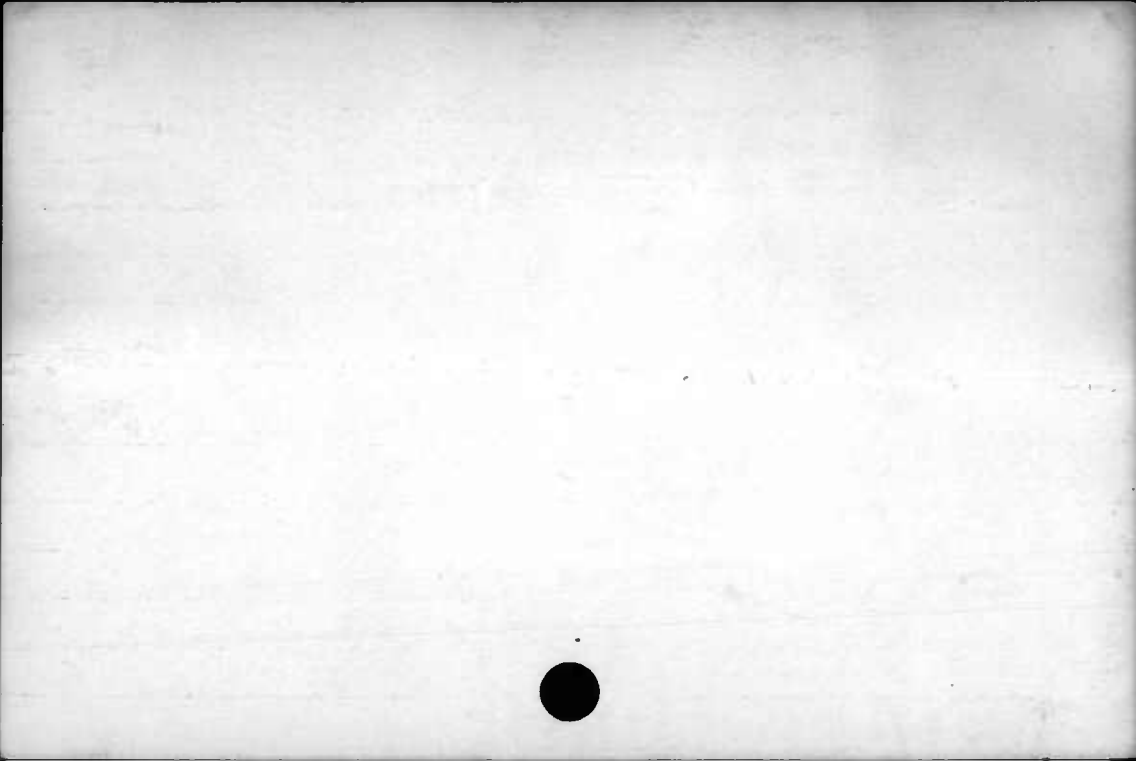
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i>		County <i>Charles</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>Nov</i>	Day <i>24th</i>	Years <i>74</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ches. Md.</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>laborer</i>			
Name of Wife or Husband <i>-</i>					
Father's Name <i>- do not know</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>- do not know</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Robert Gutrich</i>			How related to deceased <i>-</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dr. apsey</i>	How long <i>177</i>	How long <i>6 to 72 hrs.</i>
Immediate <i>Exhaustion & heart failure</i>	How long <i>a few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Speake M.D.</i>	
	Address <i>Grayton Md.</i>	
Accident or Suicide? <i>-</i>		



Name in Full

Certificate of Death

Marry Ann Kison

Town

County

Died at

Indian Head

Charles

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Nov.

124

Age

42

-

Charles, Md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

5

Husband

of

Robert E. Kison

Wife

Father's

Name

Joseph Maddox

Mother's

Maiden Name

Margaret Nelson

Cause of

Primary

Pulmonary tuberculosis

How long sick

Three months

Death

Immediate

"

"

27

Accident, Suicide, Homicide

Reported by

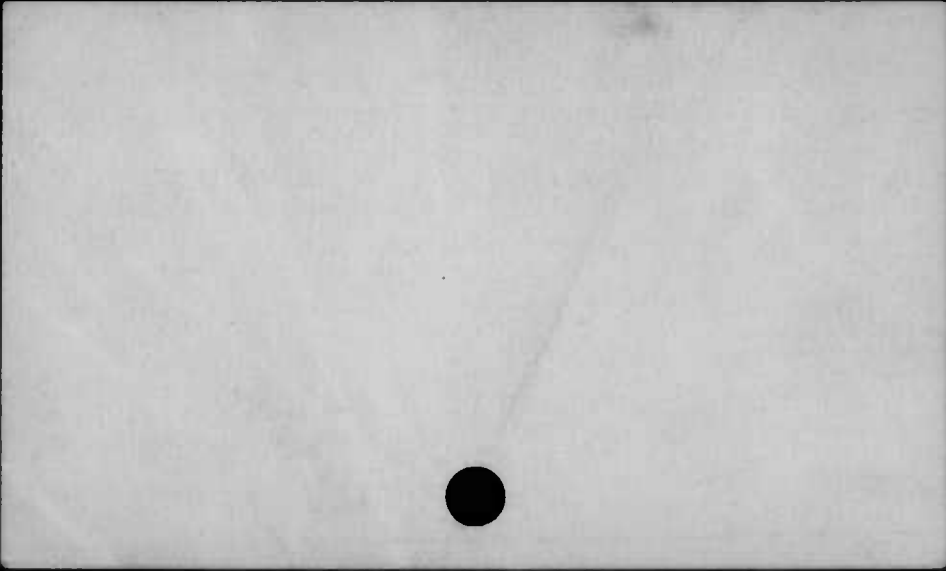
S. S. Douglas, Med. Officer, Proving Ground

Address

Indian Head, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Indiey Speak* Town *Humphreysville* County *Charles* MARYLAND

Died at *Humphreysville*

Date of death 190*7* Month *11* Day *3* Age *8* Years Months *—* Days *—*

Sex *male* Color or Race *Negro* Birthplace *md*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Geo Speak* Father's Birthplace *md*

Mother's Maiden Name *Butter* Mother's Birthplace *md*

Name of person giving information *Geo Speak* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption* How long *12 mo*

Immediate *Whooping Cough* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. C. Chappell* Address *Humphreysville Md*

Accident or Suicide? *—*



Name in Full

Certificate of Death

Mack, Tobbs

Town

County

New River

Charles

MARYLAND

Died at

Date 1902 Nov 18

Age

38

Native of

State of Farm Maryland

Occupation

Male

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Mary, Tobbs

Margaret Tobbs

Mother's

Name

Lorisa Deyson

Cause of

Primary

Consumption

How long sick

3 months

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Dr C. C. Lewis

Address

New River, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

